



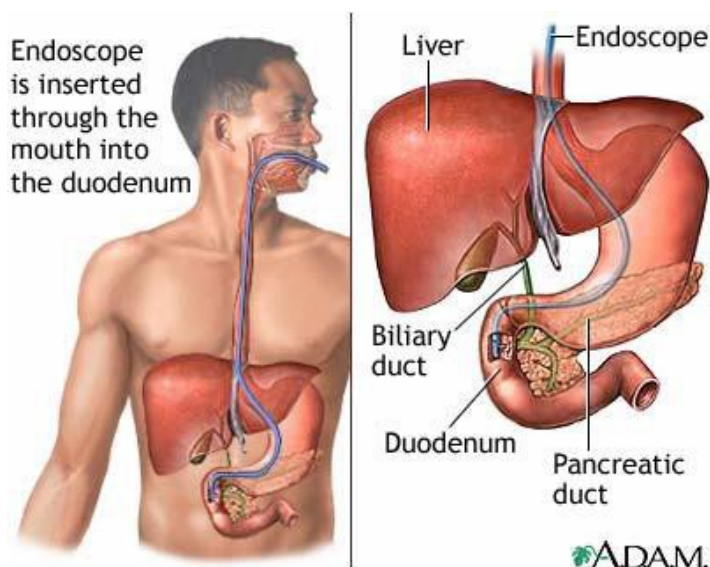
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What is an ERCP?

Endoscopic retrograde cholangiopancreatography, or ERCP, is a test used to examine the ducts of the liver, gall bladder and pancreas. These ducts are a system of drainage tubes called the biliary system that allow fluids to flow from the liver, gall bladder and pancreas into the intestines and eventually out of the body. The drainage fluid is called bile. Bile contains bile acids, which are critical for digestion and absorption of fats and fat-soluble vitamins in the small intestine. Many waste products are also contained in the bile and are eliminated through the biliary system.



What happens during the ERCP?

Before starting the test, the CRNA will provide sedation or anesthesia to make you comfortable and relaxed. The actual test will be performed in the endoscopy department, as both endoscopy and X-ray are necessary to complete the exam.

During the ERCP, the doctor will pass an endoscope through your mouth, esophagus, and stomach into the first part of the small intestine. In the small intestines the physician will locate a small opening that enters the common bile duct that is formed by the ducts leading from the liver and pancreas.

The doctor will pass a narrow plastic tube called a catheter through the endoscope and into the ducts, injecting a dye

into the pancreatic or biliary ducts and take X-rays. The dye will fill the ducts and allow them to appear on the X-rays. The doctor can also perform a variety of therapeutic maneuvers such as stricture dilation, and stone removal.

What happens after the exam?

Following the ERCP you will be taken to a recovery area and monitored until you are more alert. Because of the sedatives, you will need a companion to accompany you to the appointment and to drive you home. You will not be able to drive, operate machinery or work until the next day.

The doctor will be able to provide a preliminary report of the exam. After the X-rays are read by a radiologist, your physician will be able to provide a more detailed report.

After the test you should go directly home and have a light meal. If you experience persistent nausea, severe abdominal pain, develop a fever or notice any bleeding or black stools you will need to contact our office immediately or report directly to the emergency room.

Although uncommon, complications such as pancreatitis, bowel perforation, infections and bleeding requiring hospitalization can occur. The risk of a complication is dependent on why the test is performed. For example, an ERCP done to remove a stone from the bowel duct will have more risk than one performed for diagnostic purposes only.